

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application No.	09/716,672
	Filing Date	November 20, 2000
	First Named Inventor	Vick Y. Tagawa
	Art Unit	2152
	Examiner Name	Nabil M. El-Hady
	Attorney Docket No.	CCTI0001

To: **Commissioner for Patents**
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number **25235**

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reason for this request is: Applicant has failed to pay one or more bills rendered by the practitioner for an unreasonable period of time

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ Customer Number

OR



Firm or
Individual Name

Colorado Computer Training Institute
d/b/a Sunset Learning

Address

5555 DTC Parkway, Suite D-3001

City

Greenwood Village

State

CO

ZIP

80111

Country

US

Telephone

Fax

Name

Kent A. Lembke

Signature



Registration No.

44,866

Date

11/01/06

Telephone No.

720-406-5378

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.